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distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in §4.14.

$\$\,4.114$ Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

| 7200 Mouth, injuries of. |
|---|
| Rate as for disfigurement and impairment of |
| function of mastication. |
| 7201 Lips, injuries of. |
| Rate as for disfigurement of face. |
| 7202 Tongue, loss of whole or part: |
| With inability to communicate by speech |
| One-half or more |
| With marked speech impairment |
| 7203 Esophagus, stricture of: |
| Permitting passage of liquids only, with marked |
| impairment of general health |
| Severe, permitting liquids only |
| Moderate |
| 7204 Esophagus, spasm of (cardiospasm). |
| If not amenable to dilation, rate as for the de- |
| gree of obstruction (stricture). |
| 7205 Esophagus, diverticulum of, acquired. |
| Rate as for obstruction (stricture). |
| 7301 Peritoneum, adhesions of: |
| Severe; definite partial obstruction shown by X- |
| ray, with frequent and prolonged episodes of |
| severe colic distension, nausea or vomiting, |
| following severe peritonitis, ruptured appendix, |
| perforated ulcer, or operation with drainage |
| Moderately severe; partial obstruction mani- |
| fested by delayed motility of barium meal and |
| less frequent and less prolonged episodes of |
| pain |
| Moderate; pulling pain on attempting work or ag- |
| gravated by movements of the body, or occa- |
| sional episodes of colic pain, nausea, con- |
| stipation (perhaps alternating with diarrhea) or |
| abdominal distension |
| Mild |
| NOTE: Ratings for adhesions will be considered |
| when there is history of operative or other |
| traumatic or infectious (intraabdominal) proc- |
| ess, and at least two of the following: disturb- |
| ance of motility, actual partial obstruction, re- |
| flex disturbances, presence of pain. |
| 7304 Ulcer, gastric. |
| 720E Illear duadanal: |

7305 Ulcer, duodenal:

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|---|-------------|
| | Rat- ing |
| Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health | 60 |
| Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration | 00 |
| at least four or more times a year | 40 |
| manifestations | 20 |
| yearly | 10 |
| Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally inca- | |
| pacitating Severe; same as pronounced with less pro- | 100 |
| nounced and less continuous symptoms with definite impairment of health | 60 |
| completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena | 40 |
| Moderate; with episodes of recurring symptoms several times a year | 20 |
| Mild; with brief episodes of recurring symptoms once or twice yearly | 10 |
| 7307 Gastritis, hypertrophic (identified by gastroscope): Chronic; with severe hemorrhages, or large ul- | 0.0 |
| Chronic; with multiple small eroded or ulcerated | 60 |
| areas, and symptoms | 30 |
| toms | 10 |
| 7308 Postgastrectomy syndromes: Severe; associated with nausea, sweating, cir- culatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with | |
| malnutrition and anemia | 60 |
| weight loss | 40 |
| or continuous mild manifestations | 20 |
| Rate as peritoneal adhesions. 7311 Residuals of injury of the liver: | |
| Depending on the specific residuals, separately evaluate as adhesions of peritoneum (diagnostic code 7301), citrhosis of liver (diagnostic code 7312), and chronic liver disease without | |
| cirrhosis (diagnostic code 7345). 7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis: | |

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| | Rat- ing | | Rat- ing |
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| Generalized weakness, substantial weight loss, | | Moderate symptoms | 10 |
| and persistent jaundice, or; with one of the fol- | | Mild or no symptoms | 0 |
| lowing refractory to treatment: ascites, hepatic | | 7325 Enteritis, chronic. | |
| encephalopathy, hemorrhage from varices or | 100 | Rate as for irritable colon syndrome. | |
| portal gastropathy (erosive gastritis) History of two or more episodes of ascites, he- | 100 | 7326 Enterocolitis, chronic. | |
| patic encephalopathy, or hemorrhage from | | Rate as for irritable colon syndrome. 7327 Diverticulitis. | |
| varices or portal gastropathy (erosive gas- | | Rate as for irritable colon syndrome, peritoneal | |
| tritis), but with periods of remission between | | adhesions, or colitis, ulcerative, depending | |
| attacks | 70 | upon the predominant disability picture. | |
| History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices | | 7328 Intestine, small, resection of: | |
| or portal gastropathy (erosive gastritis) | 50 | With marked interference with absorption and nutrition, manifested by severe impairment of | |
| Portal hypertension and splenomegaly, with | | health objectively supported by examination | |
| weakness, anorexia, abdominal pain, malaise, | | findings including material weight loss | 60 |
| and at least minor weight loss | 30 | With definite interference with absorption and | |
| Symptoms such as weakness, anorexia, abdom- inal pain, and malaise | 10 | nutrition, manifested by impairment of health | |
| Note: For evaluation under diagnostic code | 10 | objectively supported by examination findings | 40 |
| 7312, documentation of cirrhosis (by biopsy or | | including definite weight loss | 40 |
| imaging) and abnormal liver function tests | | to gain weight | 20 |
| must be present. | | NOTE: Where residual adhesions constitute the | |
| 7314 Cholecystitis, chronic: Severe; frequent attacks of gall bladder colic | 30 | predominant disability, rate under diagnostic | |
| Moderate; gall bladder dyspepsia, confirmed by | 50 | code 7301. 7329 Intestine, large, resection of: | |
| X-ray technique, and with infrequent attacks | | With severe symptoms, objectively supported by | |
| (not over two or three a year) of gall bladder | | examination findings | 40 |
| colic, with or without jaundice | 10 | With moderate symptoms | 20 |
| Mild | 0 | With slight symptoms | 10 |
| Rate as for chronic cholecystitis. | | NOTE: Where residual adhesions constitute the | |
| 7316 Cholangitis, chronic. | | predominant disability, rate under diagnostic code 7301. | |
| Rate as for chronic cholecystitis. | | 7330 Intestine, fistula of, persistent, or after attempt | |
| 7317 Gall bladder, injury of. Rate as for peritoneal adhesions. | | at operative closure: | |
| 7318 Gall bladder, removal of: | | Copious and frequent, fecal discharge | 100 |
| With severe symptoms | 30 | Constant or frequent, fecal discharge | 60 |
| With mild symptoms | 10 | Slight infrequent, fecal discharge Healed; rate for peritoneal adhesions. | 30 |
| Nonsymptomatic | 0 | 7331 Peritonitis, tuberculous, active or inactive: | |
| Spleen, disease or injury of. See Hemic and Lymphatic Systems. | | Active | 100 |
| 7319 Irritable colon syndrome (spastic colitis, mu- | | Inactive: See §§ 4.88b and 4.89. | |
| cous colitis, etc.): | | 7332 Rectum and anus, impairment of sphincter | |
| Severe; diarrhea, or alternating diarrhea and | | control: Complete loss of sphincter control | 100 |
| constipation, with more or less constant ab- | 30 | Extensive leakage and fairly frequent involuntary | 100 |
| dominal distress | 30 | bowel movements | 60 |
| ance with abdominal distress | 10 | Occasional involuntary bowel movements, ne- | |
| Mild; disturbances of bowel function with occa- | | cessitating wearing of pad | 30 |
| sional episodes of abdominal distress | 0 | Constant slight, or occasional moderate leakage Healed or slight, without leakage | 10 0 |
| 7321 Amebiasis: Mild gastrointestinal disturbances, lower abdom- | | 7333 Rectum and anus, stricture of: | O |
| inal cramps, nausea, gaseous distention, | | Requiring colostomy | 100 |
| chronic constipation interrupted by diarrhea | 10 | Great reduction of lumen, or extensive leakage | 50 |
| Asymptomatic | 0 | Moderate reduction of lumen, or moderate con- | 00 |
| NOTE: Amebiasis with or without liver abscess is | | stant leakage | 30 |
| parallel in symptomatology with ulcerative colitis and should be rated on the scale provided | | Severe (or complete), persistent | 50 |
| for the latter. Similarly, lung abscess due to | | Moderate, persistent or frequently recurring | 30 |
| amebiasis will be rated under the respiratory | | Mild with constant slight or occasional moderate | |
| system schedule, diagnostic code 6809. | | leakage | 10 |
| 7322 Dysentery, bacillary. | | 7335 Ano, fistula in. Rate as for impairment of sphincter control. | |
| Rate as for ulcerative colitis 7323 Colitis, ulcerative: | | 7336 Hemorrhoids, external or internal: | |
| Pronounced; resulting in marked malnutrition, | | With persistent bleeding and with secondary | |
| anemia, and general debility, or with serious | | anemia, or with fissures | 20 |
| complication as liver abscess | 100 | Large or thrombotic, irreducible, with excessive | |
| Severe; with numerous attacks a year and mal- nutrition, the health only fair during remissions | 60 | redundant tissue, evidencing frequent recurrences | 10 |
| Moderately severe; with frequent exacerbations | 30 | Mild or moderate | 0 |
| Moderate; with infrequent exacerbations | 10 | 7337 Pruritus ani. | 3 |
| 7324 Distomiasis, intestinal or hepatic: | | Rate for the underlying condition. | |
| Severe symptoms | 30 | 7338 Hernia, inquinal: | |

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| | Rat- ing | | Rat- ing |
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| Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable Small, postoperative recurrent, or unoperated irremediable, not well supported by truss, or not readily reducible. Postoperative recurrent, readily reducible and well supported by truss or belt. Not operated, but remediable | 60 30 10 0 | Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period | 40 |
| NOTE: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree. 7339 Hernia, ventral, postoperative: | | fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period | 20 |
| Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable | 100 | as fatigue, malaise, nausea, vomiting, ano- rexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the | |
| Large, not well supported by belt under ordinary conditions | 40 | past 12-month period Nonsymptomatic NOTE (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appro- | 10 0 |
| erative wounds with weakening of abdominal wall and indication for a supporting belt | 20 | priate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.). | |
| not indicated | 0 | NOTE (2): For purposes of evaluating conditions under diagnostic code 7345, "incapacitating episode" means a period of acute signs and | |
| 7342 Visceroptosis, symptomatic, marked | 10 100 | symptoms severe enough to require bed rest and treatment by a physician. NOTE (3): Hepatitis B infection must be con- | |
| NOTE: A rating of 100 percent shall continue be- yond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other thera- peutic procedure. Six months after discontinu- ance of such treatment, the appropriate dis- ability rating shall be determined by mandatory | | firmed by serologic testing in order to evaluate it under diagnostic code 7345. 7346 Hernia hiatal: Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations pro- | |
| VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residu- | | ductive of severe impairment of health | 60 |
| als. 7344 Benign neoplasms, exclusive of skin growths: Evaluate under an appropriate diagnostic code, | | health With two or more of the symptoms for the 30 percent evaluation of less severity | 30 10 |
| depending on the predominant disability or the specific residuals after treatment. Chronic liver disease without cirrhosis (includ- | | 7347 Pancreatitis: With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea | |
| ing hepatitis B, chronic active hepatitis, auto- immune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and hepatitis C): | | and severe malnutrition With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency be- | 100 |
| Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) | 100 | tween acute attacks | 60 |
| Daily fatigue, malaise, and anorexia, with sub- stantial weight loss (or other indication of mal- nutrition), and hepatomegaly, or; incapacitating | | mission between attacks | 30 10 |
| episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring | | NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies. NOTE 2: Following total or partial pancrea- | |
| constantly | 60 | tectomy, rate under above, symptoms, min- imum rating 30 percent. 7348 Vagotomy with pyloroplasty or gastro- enterostomy: | |

| Followed by demonstrably confirmative post- operative complications of stricture or con- tinuing gastric retention |
|--|
| With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea |
| Recurrent ulcer with incomplete vagotomy |
| NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308. |
| 7351 Liver transplant: For an indefinite period from the date of hospital admission for transplant surgery |
| Minimum |
| NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for transplant surgery and shall continue. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. |
| 7354 Hepatitis C (or non-A, non-B hepatitis): |
| With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection: |
| Near-constant debilitating symptoms (such as |
| fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) |
| Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly |
| Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but |
| less than six weeks, during the past 12-month |
| period Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary |
| restriction or continuous medication, or; inca- pacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) hav- ing a total duration of at least two weeks, but less than four weeks, during the past 12- |
| month period |
| Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the |

past 12-month period

Nonsymptomatic ...

| | Rat- ing |
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| NOTE (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.). NOTE (2): For purposes of evaluating conditions under diagnostic code 7354, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician. | |

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[29 FR 6718, May 22, 1964, as amended at 34 FR 5063, Mar. 11, 1969; 40 FR 42540, Sept. 15, 1975; 41 FR 11301, Mar. 18, 1976; 66 FR 29488, May 31, 2001]

THE GENITOURINARY SYSTEM

§4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular dialysis is required, any coexisting hypertension or heart disease will be separately rated.

[41 FR 34258, Aug. 13, 1976, as amended at 59 FR 2527, Jan. 18, 1994]

§4.115a Ratings of the genitourinary system—dysfunctions.

Diseases of the genitourinary system generally result in disabilities related

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